



PATENT
450100-03144

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Yoshiyuki TAKAKU et al.

Serial No. : 09/824,269

For : **METHOD OF CONTROLLING DEVICES IN AN AUDIO
VISUAL SYSTEM**

Filed : April 2, 2001

Examiner : A. Casiano

Art Unit : 2182

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Technology Center 2100

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Chiaki Kokka

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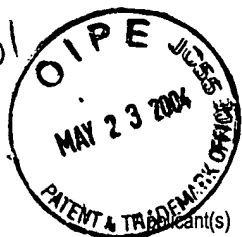
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AMENDMENT UNDER RULE 116

Mail Stop AF
Commissioner for Patents
Alexandria, VA 22313-1450

Dear Sir:

Responsive to the Final Office Action which issued March 26, 2004, please
consider the following amendment to the above-referenced application.



05-27-04

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MAIL STOP AF
COMMISSIONER FOR PATENTS
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.
☐ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional fee
Total claims	16	Minus	20 =	0 x	\$18(9)	= \$0
Independent claims	6	Minus	6 =	0 x	\$86(43)	= \$0
			Total additional fee for this amendment			= \$0

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the highest number of total claims previously paid for is less than 20, write "20" in this space.
*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$290 (\$145) has been previously paid ☐, or is paid herewith ☐.
- ☐ This response is being filed within the _____ month following the expiration of the term originally set therefor. This is a petition to request a -month extension of time. A check covering the cost of the petition is enclosed.
- ☐ A USPTO Form 2038 - Credit Card Payment Form in the amount of \$ _____ .00 is attached, which covers the cost of ☐ additional claims and ☐ -month petition for extension of time.
- ☐ Charge \$ _____ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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Chiaki Kokka

(Typed or printed name of person mailing paper or fee)

(Signature of person mailing paper or fee)

FROMMER LAWRENCE & HAUG, LLP
Attorneys for Applicant(s)

By:
Darren M. Simon
Reg. No. 47,946
Tel. (212) 588-0800